



CITY OF BURBANK – COMMERCIAL / INDUSTRIAL RENTAL BUSINESS TAX REGISTRATION
Community Development Department / Building Division
150 North Third Street / 818-238-5280

Mail and Make Checks Payable to: City of Burbank – Building Division – P.O. Box 6459, Burbank, CA 91510

PLEASE PRINT ALL INFORMATION

Date _____

List address of commercial / industrial property in Burbank available for lease or rent. Note: Use separate application for each address or building.

Address _____ Zip Code _____

Effective Date of Ownership _____

Total area of building in square feet _____

INFORMATION ABOUT OWNER

☐ Sole Ownership ☐ Partnership ☐ Trust

☐ Corporation Corporate Name _____ Fed ID # _____

☐ LLC Corporate Name _____ Fed ID # _____

NAMES AND RESIDENCE ADDRESSES OF OWNERS, PARTNERS OR CORPORATE OFFICERS:

Name _____	Title _____	Residence Address, City, State and Zip Code _____
Home Phone No. (_____) _____		
Driver License: State (_____) Number _____ Social Sec. Number _____		
Name _____	Title _____	Residence Address, City, State and Zip Code _____
Home Phone No. (_____) _____		
Driver License: State (_____) Number _____ Social Sec. Number _____		
Name _____	Title _____	Residence Address, City, State and Zip Code _____
Home Phone No. (_____) _____		
Driver License: State (_____) Number _____ Social Sec. Number _____		

Owners Mailing Address (Must be kept current)

Address _____ City _____ Zip _____

INFORMATION ABOUT MANAGER OR PROPERTY MANAGEMENT FIRM

Name _____ Phone _____

Address _____ City _____ Zip _____

I certify (or declare) under penalty of perjury that the foregoing statements are true and correct.

Authorized Signature _____ Title _____

REVERSE SIDE OF APPLICATION MUST BE COMPLETED

Classification **K03A**

BUSINESS ACCOUNT NUMBER _____

Certificate Issued by _____

Date _____

For Office Use Only

2012 Basic Tax _____ **93.00**

Added Levy _____
(1.80 for each 100 sq. ft. (or fraction) over 5,000 sq. ft.)

Pro-rated Amount _____

Adjustment Amount _____

Registration Fee _____ **30.00**

Total Due _____

FOLLOWING ADDITIONAL INFORMATION REQUIRED:

PARKING

Does your building have any parking facilities? ☐ Yes ☐ No

If yes, please provide the following:

Operator of parking facilities? ☐ Owner ☐ Contractor

If contractor, please complete the following:

Name of Parking Service _____

Address _____ City _____ Zip _____

Phone () _____

BUILDING MAINTENANCE

Do you have a Janitorial or Maintenance Service? ☐ Yes ☐ No

If yes, please provide the following:

Name of Maintenance Service _____

Address _____ City _____ Zip _____

Phone () _____

BUILDING SECURITY

Do you have a Security Service? ☐ Yes ☐ No

If yes, please provide the following:

Name of Security Service _____

Address _____ City _____ Zip _____

Phone () _____

VENDING MACHINES (if any)

Product Vended	Name, Address, Phone number of owner(s)